

# Summer youth basketball at the Twin Lakes Recreation Center!

1700 W. Bloomfield Rd. • For more information, contact Leslie Brinson at 812-349-3735, [brinsonl@bloomington.in.gov](mailto:brinsonl@bloomington.in.gov), or visit [bloomington.in.gov/parks](http://bloomington.in.gov/parks).



## Jared Jeffries Basketball Clinic

Jared Jeffries returns to Bloomington to bring his love of basketball to youth in the community. Jared helps

young players develop the basic fundamentals of basketball, and discusses how positive life skills can enhance everyone's game. Clinics include drills, individual and group instruction, scrimmages, and lessons on the value of sportsmanship and hard work. **Include T-shirt size on registration form (S, M, L, and XL).**

### June 13 • 9 a.m.–noon

Register by 6/9 • \$15 • 87501-A

*Athletes entering the third and fourth grades*

This session is about the basics of basketball and having fun. Participants work on skill development, play games, and enjoy time with Jared.

### June 14–16 • 9 a.m.–noon

Register by 6/13 • \$25 • 87501-B

*Athletes entering the fifth and sixth grades*

This session concentrates on building basic skills while pushing athletes into more complex drills and activities. Players will be drafted onto teams for scrimmages and small group instruction.

### June 14–16 • 1–4 p.m.

Register by 6/13 • \$25 • 87501-C

*Athletes entering the seventh and eighth grades*

This session develops the skills needed to compete in junior high school and high school. Instruction concentrates on refining skills. Players will be drafted onto teams for scrimmages and small group instruction.



## Summer Basketball Camp

B-Town Ballers and Coach Frank are back for another summer of basketball in Bloomington. Youth players learn basic basketball skills plus life lessons that will serve them well both on and off the court. Registration fee includes T-shirt, shorts, Gatorade, and water during camp. Please include T-shirt size on registration form. Instructor: Andrew Frank

### Monday–Friday • \$80

### July 17–21 • 9 a.m.–noon

Register by 7/7 • 87502-A

*For ages 6–9 yrs.*

### July 17–21 • 1–4 p.m.

Register by 7/7 • 87502-B

*For ages 10–13 yrs.*



## PROGRAM REGISTRATION FORM

Name \_\_\_\_\_  
(parent/guardian if participant is under 18 or under legal guardianship)

Home Phone \_\_\_\_\_

Street Address \_\_\_\_\_

Work Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_

City of Bloomington Resident? Yes No

(If you are unsure of your residency status, please call 349-3700)

E-mail Address \_\_\_\_\_

How did you hear of this program? Program Guide Newspaper Flyer Friend E-mail Web site Previous Participant Other \_\_\_\_\_

Participant Name	Gender	Birthdate	Shirt Size	Program Name	Class Code	Fee

#### Inclusive Service Request:

Reasonable accommodations are needed to participate in above program(s) related to specific needs associated with a disability. (circle one) **YES** **NO**  
If **YES**, please complete an Inclusion Assessment and the Inclusive Recreation Coordinator will contact you. We request at least two weeks notification for reasonable accommodations requests. *In some cases reasonable accommodations may take longer.*

The undersigned is the adult Program Participant, or is the parent or legal guardian of the Program Participant. The undersigned hereby states that s/he understands the activities that will take place in this program, and that the Program Participant is physically and mentally able to participate in this program. The undersigned recognizes, as with any activity, there is risk of injury. In the event that the Program Participant sustains an injury in the course of the program, and the City of Bloomington Parks and Recreation Department is unable to contact the appropriate person(s) to obtain consent for treatment, the City of Bloomington Parks and Recreation Department and/or its employees or volunteers are authorized to take reasonable steps to obtain appropriate medical treatment. The Program Participant and/or his/her parent or legal guardian shall be responsible for the cost of such treatment. The Undersigned now releases the City of Bloomington, the Bloomington Parks and Recreation Department, its employees, agents, and assigns, from any claims including, but not limited to, personal injuries or damage to property caused by or having any relation to this activity. It is understood that this release applies to any present or future injuries and that it binds the Undersigned, Undersigned's spouse, heirs, executors and administrators. The Program Participant may be photographed and videotaped while participating in Parks and Recreation activities, and consent is given for the reproduction of such photos or videos for advertising and publicity.

I have read this release and understand all of its terms. I agree with its terms and sign it voluntarily.

Signature (parent/guardian if participant is under 18 or under legal guardianship) \_\_\_\_\_

Date \_\_\_\_\_

Include Your Voluntary Donation to the  
Bloomington Parks & Recreation Department

- ☐ Community Garden Fund  
☐ Bloomington Tree Fund  
☐ Greatest need

\$1 \_\_\_\_\_  
\$3 \_\_\_\_\_  
\$5 \_\_\_\_\_  
Other \$ \_\_\_\_\_

Total Enclosed

\$ \_\_\_\_\_

#### Method of Payment:

☐ Cash (do not mail cash) ☐ Check/Money Order

Make check or money order payable to:  
City of Bloomington Parks and Recreation

Mail registrations to:  
City of Bloomington Parks and Recreation  
401 N. Morton Street, Ste. 250, Bloomington IN 47404